| Voucher prepared at   | (Department,  | ee's Account No  | (Sta                    | te)                                     | UNIT          | SAPC COPY  PRICE  Per | AMOUN Dollars  | VT Ce     |
|---|---|--|-------------------------|---|---------------|-----------------------|--|-----------|
| PAYMENT: Complete Partial Final Shipped from                              | (Address)  (Enter description, schedule, and Discount Terms   | (Payee)  (City)  (RTICLES OR SERVICE item number of contractions | (Sta                    | te)                                     | Y             |                       | Dollars  |           |
| No. and Date of Order  PAYMENT: Complete   Partial   Final   Shipped from | (Address)  (Enter description, schedule, and Discount Terms   | (Payee)  (City)  (RTICLES OR SERVICE item number of contractions | (Sta                    | te)                                     | Y             |                       | Dollars  |           |
| No. and Date of Order  Date of Delivor Service  PAYMENT:  Complete        | (Address)  A (Enter description, schedule, and Discount Terms | (City) ARTICLES OR SERVICE                                       | (Sta                    | te)                                     | UNIT          |                       | Dollars  |           |
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| Order or Service  PAYMENT:  Complete                                      | (Enter description, schedule, and Discount Terms              | RTICLES OR SERVICE   | S<br>st or Fodowal sur- | nly                                     | Y             |                       | Dollars  |           |
| Order or Service  PAYMENT:  Complete                                      | (Enter description, schedule, and Discount Terms              | item number of contract  | t or Fodowal arm        | P <sup>ly</sup> QUÁNTII                 | Y             |                       | Dollars  |           |
| PAYMENT:  Complete  | Discount Terms  | other information deem   | ned necessary)          | QUANTI                                  | - 1           | Per                   |  | Ci        |
| Complete  | Cost  |  |                         |   |               |                       | 199  |           |
| Complete  |   |  |                         | į.                                      | 1             |                       |  | 3         |
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| STATINTL  | (Sign original only)  |  |                         |   |               | 1                     | **************************************   | •  <br>•  |
| Date 4/11/58 *Payce_  |   |  |                         |   |               | ·                     | ·SATERATE SERVICE SERVICE  |           |
| Per   |   |  |                         | Amount verified                         | ; correct for |                       |  | 30        |
| Contract No. $A-10$   |   | Reg. No.   |                         | (Signature or initials) & Invoice Rec'c |               |                       |  |           |
| ursuant to authority vested in n  |   |  | r payment               | Dutt                                    |               | ivoice ixec d.        |  |           |
| Approved for \$   |   |  |                         |   |               |                       |  |           |
| У   |   | SIGN<br>Original   |                         |   |               | Dertifying Officer)   |  |           |
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| itle  |   |  |                         |   |               |                       | C. T. B. R. P. C. R. P.  | ne        |
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|   | OUNTING CLASSIFICATION  | VHEN PURCHASES ARE MADE O  |                         |   |               |                       |  | etti      |

## Form No. 1035a—Revised Form prescribed by Comptroller Cappy Droved For Release 2009/04/ for Clare Personal Comptroller Cappy Droved For Release 2009/04/ for Clare Personal Services Other Than Personal MEMORANDUM

CONTINUATION SHEET

| u.s. cost                           | REIMBUR                  | SSABLE: (Tepartment, bureau, or establishment)  | Sheet No.            | 1             | . of Burea | u Vouch  | er No2          | <u>076</u>  |
|-------------------------------------|--------------------------|---|----------------------|---------------|------------|----------|-----------------|-------------|
| No. and Date of Delivery or Service | ARTICLES OR SERVICES     |   | OUAN-                | UNIT PRICE    |            | AMOUNT   |                 |             |
|                                     | or Service               | (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) |                      | QUAN-<br>TITY | Cost       | Per      | Dollars         | Cts.        |
|                                     | ·                        | Contract <u>A-101</u> Costs app<br>to All Systems   | licable              |               |            |          |                 |             |
|                                     |                          | Direct Costs Properly Char<br>Contract 19-101 for the pe<br>thru 4/6/58   | eriod 3/31           |               |            |          |                 |             |
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